

ENERGY ECOSYSTEM

Energy Generation

Energy Storage

Energy and Demand
Management

Fast Electric
Vehicle Charging

Grid Supply

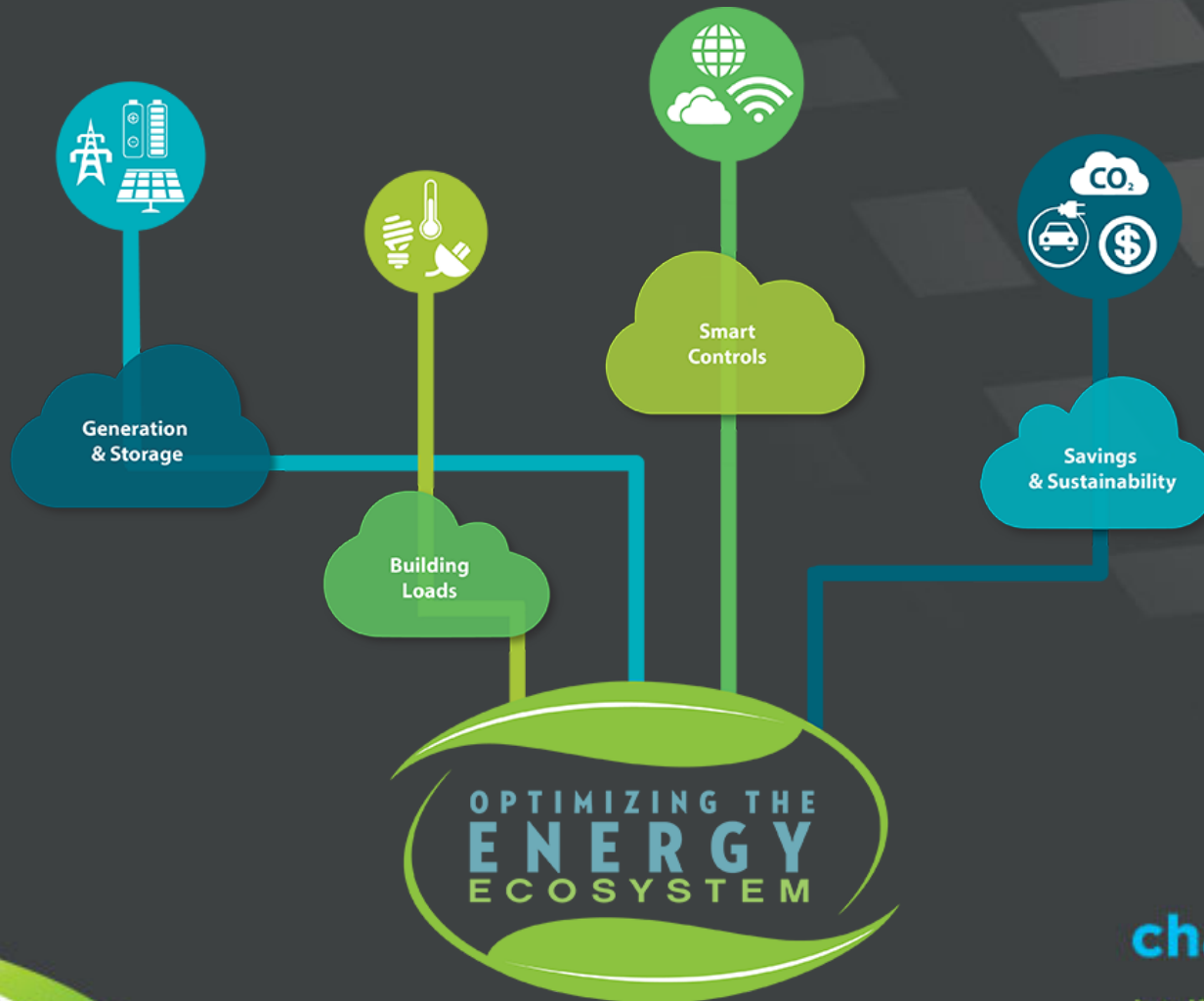
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Smart Technology
for Smart Business

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Intelligent Power. Delivered.

Getting to (near) Zero:

Greening Hospital Power, Improving System Reliability,
Preserving Safety and Effectiveness through Renewable Energy Microgrids



Host Hospital

Kaiser Permanente Richmond

- 50-bed, acute care hospital (part of single license with Oakland providing over 300 beds)
 - Only hospital in Western Contra Costa
 - Adult Critical care, Emergency room, community health initiatives
 - OSHPD-governed
- Richmond, California (East Bay)
 - <http://www.ci.richmond.ca.us/DocumentCenter/Home/View/8348> .



Definitions and Significance

Why Micro Grids and Hospitals?

- Hospitals are intensive users of Power (kW) and Energy (kWh) in the service of health
- Group 1 CEC 14-301: *Microgrids for Critical Facilities- Kaiser Richmond*

Energy Use

- Recent Federal Government Reports on hospital energy consumption stated the following:
 - The 2003 Commercial Building Energy Consumption Survey (CBECS) data showed that large hospitals (greater than 200,000 square feet) accounted for less than 1 percent of all commercial buildings and 2 percent of commercial floor space, but consumed 4.3 percent of the total delivered energy used by the commercial sector in 2003. Data from the 2007 CBECS show that the major fuels (electricity, natural gas, fuel oil, and district heat) consumed by large hospitals totaled 458 trillion Btu, which is 5.5 percent of the total delivered energy used by the commercial sector in 2007.
 - EIA August 2008 Report

Which industries are most likely to deploy microgrids over the next 5 years?

(figure 22, source: Zpryme & IEEE)

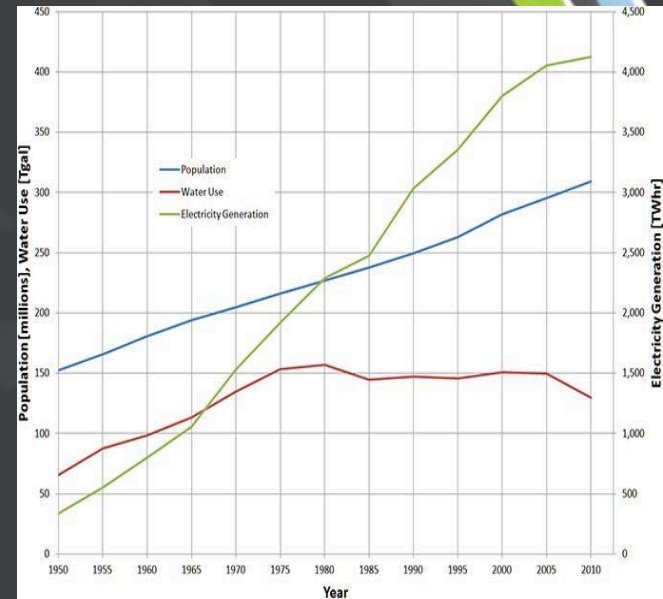
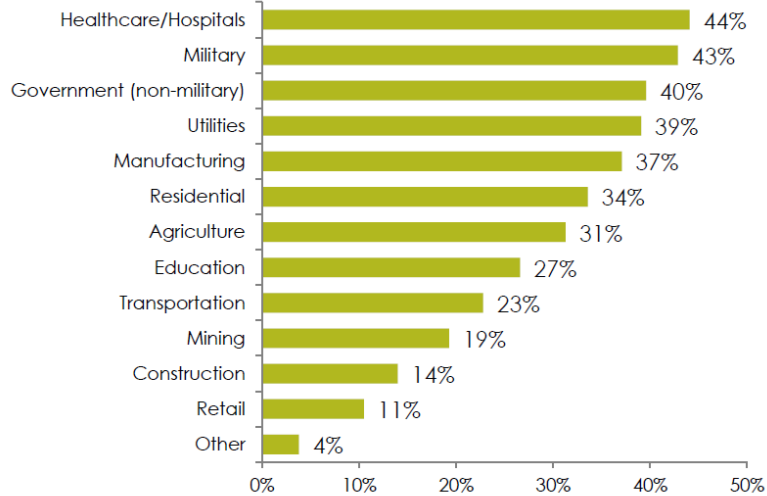
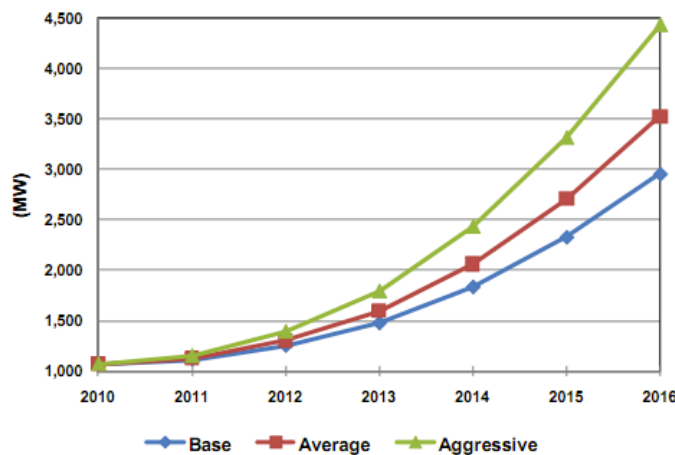


Figure 1. US population, water use, and electricity generation from 1950 to 2010 data show that the increase in electric-grid utilization has far outpaced population growth as virtually all sectors of society have adopted ever-greater numbers of electronic devices. (Sources: Census Bureau, US Dept of Commerce; US Geological Survey; Energy Information Administration, US Dept of Energy)

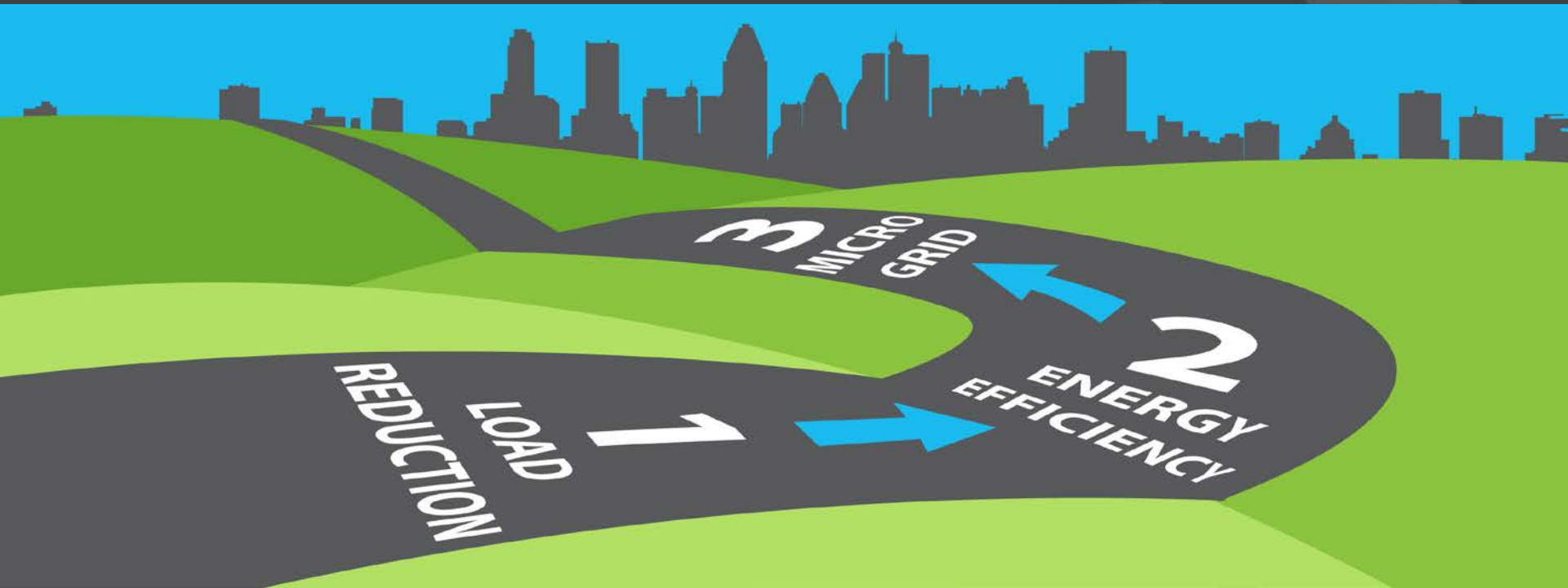
Chart 1.1 *Planned Microgrid Capacity, Base, Average, and Aggressive Scenarios, World Markets: 2010-2016*



(Source: Pike Research)

Project Goals

1. Identify and surmount obstacles to healthcare facility microgrids
2. Demonstrate hospital microgrids value to utility ratepayers
3. Develop a commercializable supervisory microgrid controller and demonstrate use cases



Objectives for Hospital Benefit

1. Energy production: 365,000kWh/year valued at \$0.15/kWh = \$54,750/year initial savings
2. Arbitrage of power: 900kWh/day at price differential average \$0.03/kWh (weekdays) = \$7,884/year initial savings.
3. Demand reduction: 100-200kW at \$25/kW = \$30,000-\$60,000/year savings
4. Power efficiency: Through power quality regulation, may achieve up to 20% operational efficiency. Assuming average demand = 1.5MW, savings may reach 2.63MWh = \$394,000/year

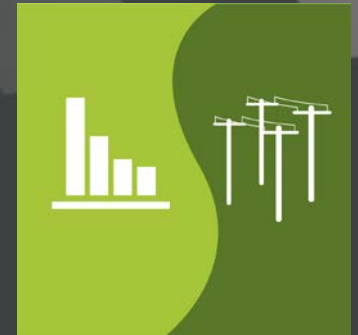


Objectives for Hospital Benefit

5. Automated Demand Response (ADR): \$200-\$400/kW at 200kW per episode = \$40,000-\$80,000/year payments..

6. CAISO Rapid Power Quality:

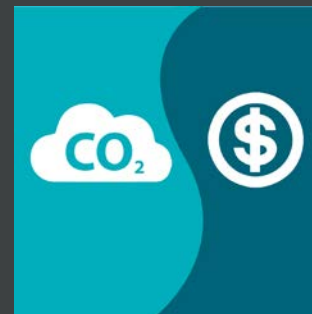
Contract value TBD



7. Decreased use of Backup Diesel: usage at \$0.50/kWh produced, 1.5MW demand = \$750/hour.

Savings per 1-hour of avoided diesel

VALUE OF SAVINGS
ESCALATES AS UTILITY COSTS
AND RATES RISE (HEDGE)



INDIRECT BENEFITS

- Improved power quality = 20% efficiency (de Callafon- UCSD)
- Decreased unplanned opening of ATS + DER downtime
 - Fewer care disruptions
 - Less unplanned diesel run time
 - Less off-time for solar/cogeneration/wind and other resource inverters
 - Fewer GHG emissions
- OVERALL- INCREASED RELIABILITY, DECREASED COST, AND LESS ENVIRONMENTAL IMPACT

HEALTHCARE FINANCE

- Lower costs of healthcare system operations
 - 45% of hospitals had NEGATIVE operating margins in 2007
 - California has one of the lowest ratios of beds to population in the Country
- MANY critical facilities at risk of closing
 - Few means to curb cost while preserving service other than Energy/Power



Microgrid at Kaiser Richmond



Hospital



Principles:

1. Charge Bliss Controller monitors and administers discretionary load items
2. OSI/PI Server iterative analytics with NREL, builds microgrid controller
3. Clean energy made, stored, distributed to optimize entire "ecosystem"

PI Server



NREL

Batteries



Photovoltaic



PCS



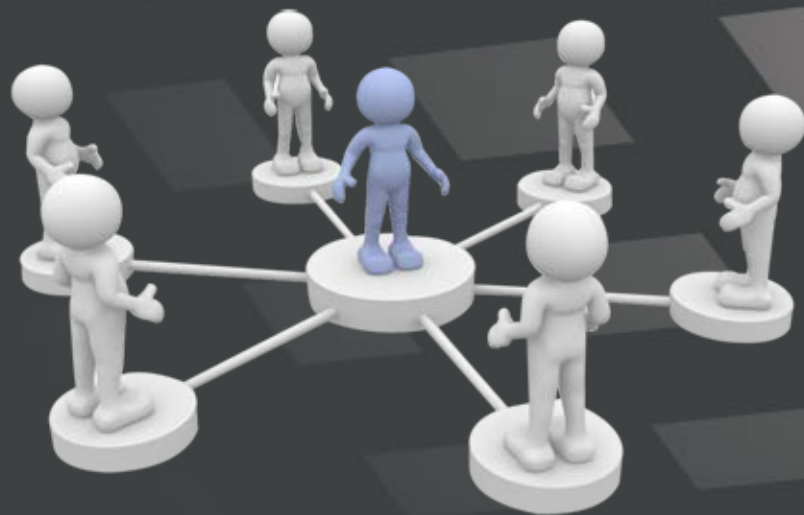
Special Consideration- Office of Statewide Health Planning and Development

- Governs all hospital design, construction, and operation
- Special emphasis on:
 - Electrical system safety and effectiveness
 - Life and Safety/Critical circuit Primacy
 - Recognize and incorporate involving technologies and create appropriate standards



ACCOMPLISHMENTS TO DATE

- Completed and submitted designs for parking structure solar, battery room, interconnection to City, OSHPD
- Received OSHPD encouragement to support emergency circuit
- Acquired physical systems and have planned monitoring and control architectures

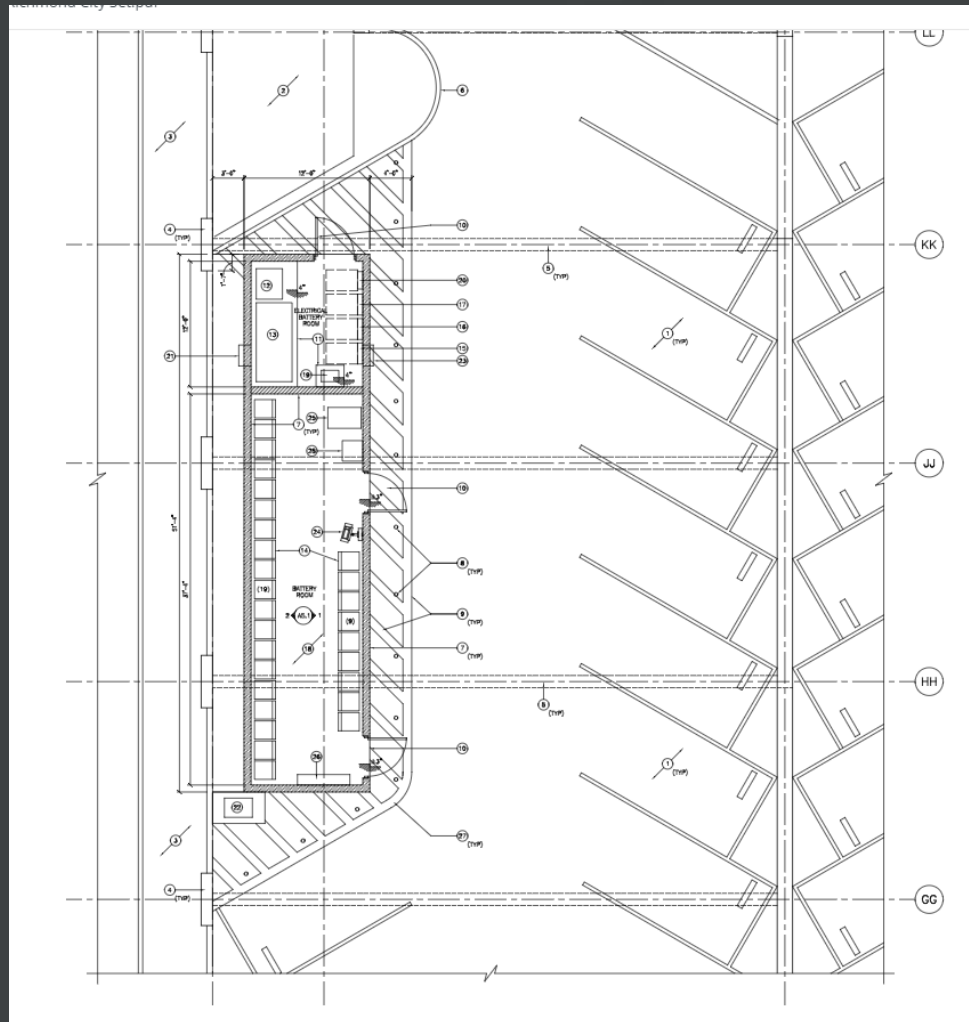


CHALLENGES AND OBSTACLES

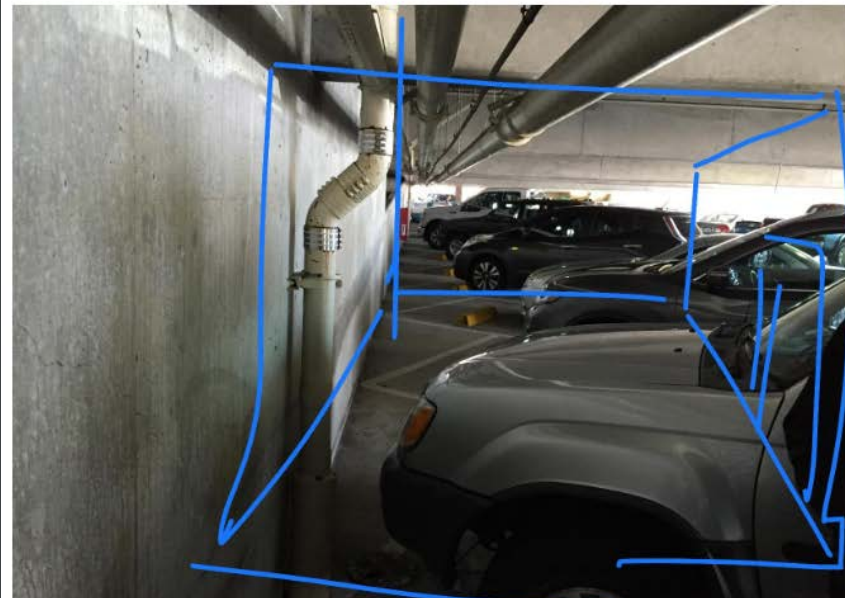
- Hospitals VERY LEERY of new technologies and OSHPD response
- Space and code constraints limit options for batteries and solar
- Changing from containerized inverter/battery system to a constructed CMU block room
- Electrical bus tolerances
- Coordination of site administration, building management, and engineering with Charge Bliss design team and suppliers required extensive and sometimes redundant communication
- Fire Suppression system requirements/standards/recommendations



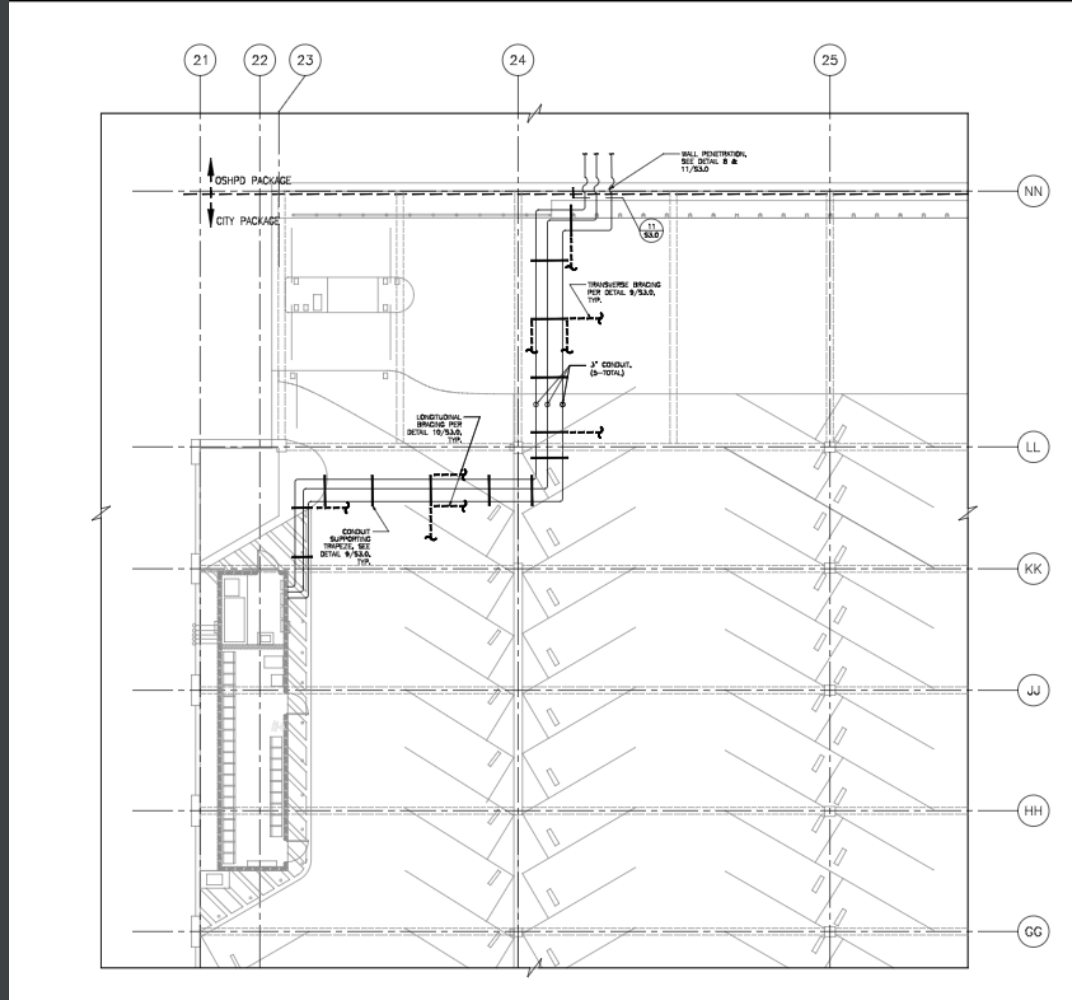
Battery Room inside parking garage



Images of location of battery room. Switched to the exterior wall of the parking garage.



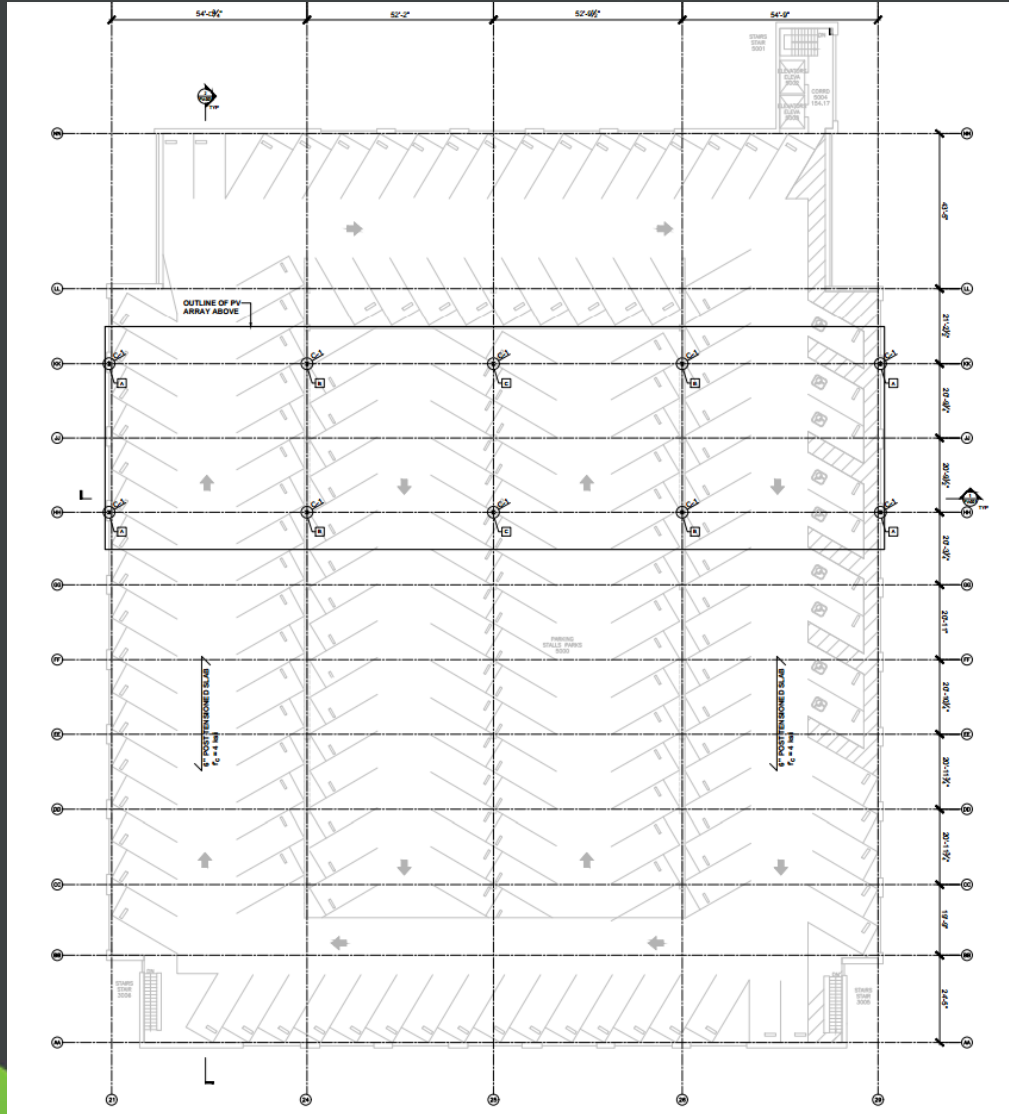
Overhead lines from the Battery Room to the C.U.P



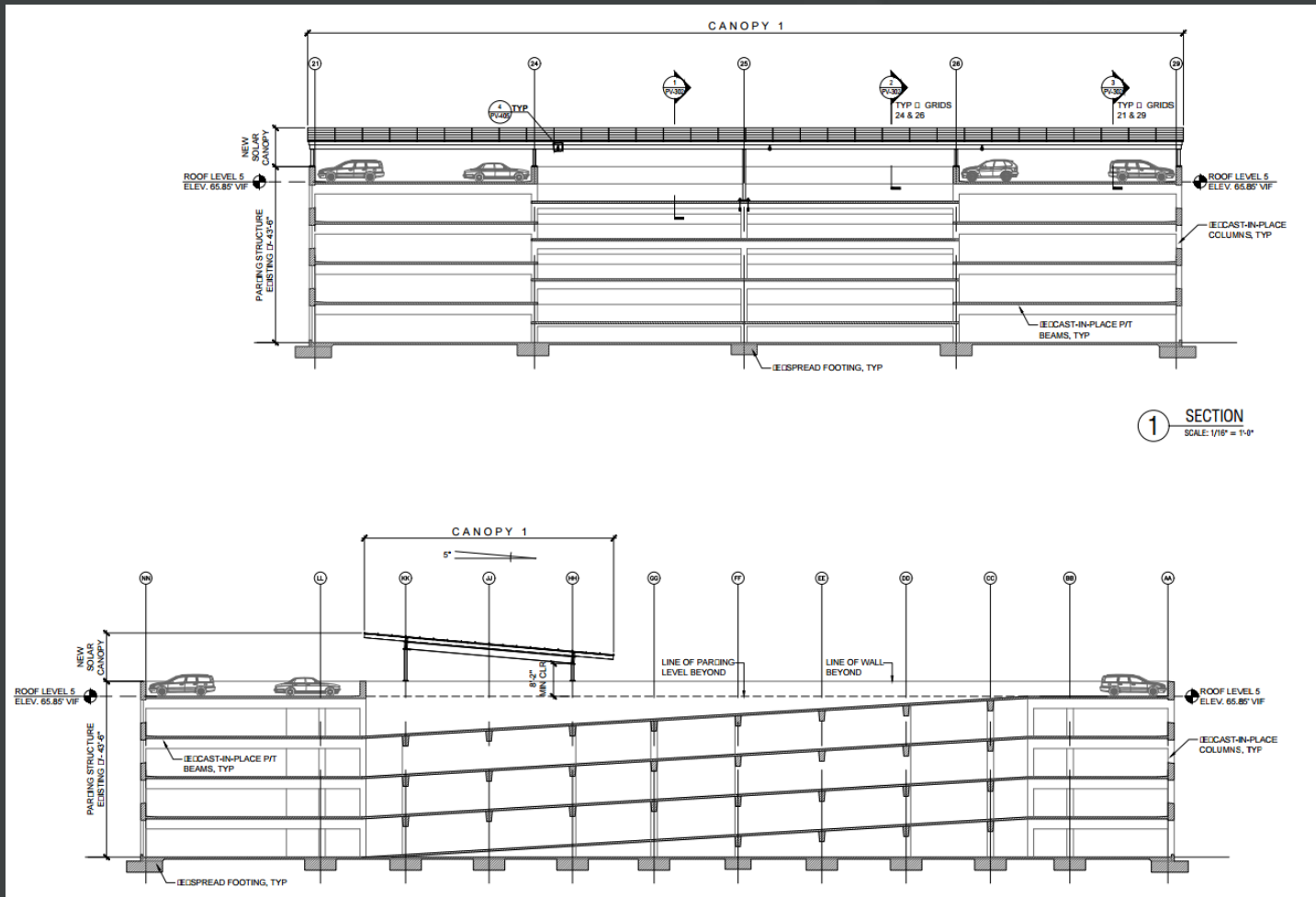
Images inside of parking garage



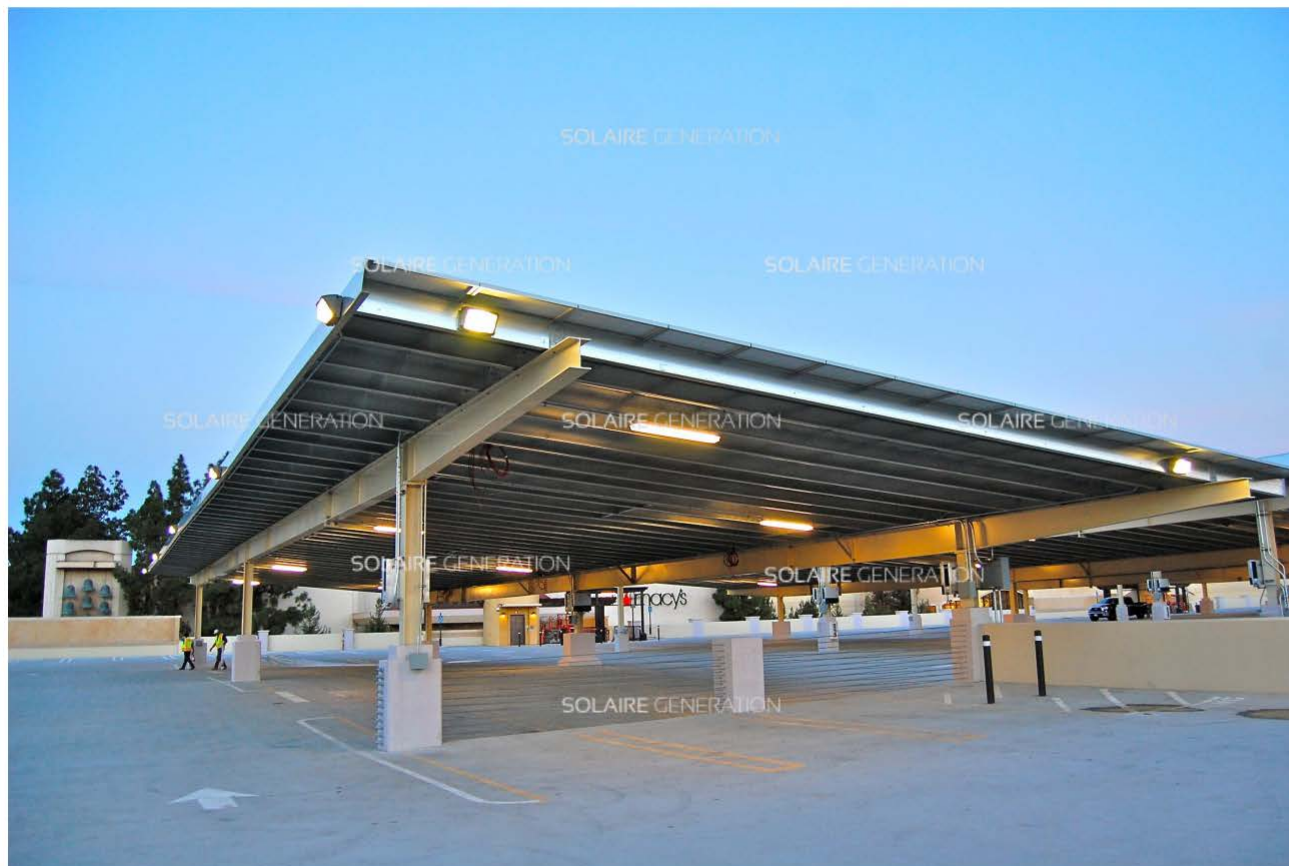
PV Array on top of parking structure



PV Array elevation drawing



PV Array image



SOLAIRE

by **SUNPOWER®**



Skelly Electric

CLIENT: SKELLY ELECTRIC
HOST: KAISER PERMANENTE
RICHMOND MEDICAL CENTER
CARPORT: LONG SPAN GARAGE 360
LOCATION: 901 NEVIN AVE,
RICHMOND, CA 94801CO

PANELS: SUNPOWER 435W
OF PANELS: 936 PANELS
SYSTEM SIZE: 407.16 KWP DC
DATE: MAY 9, 2016
TILT: 5°

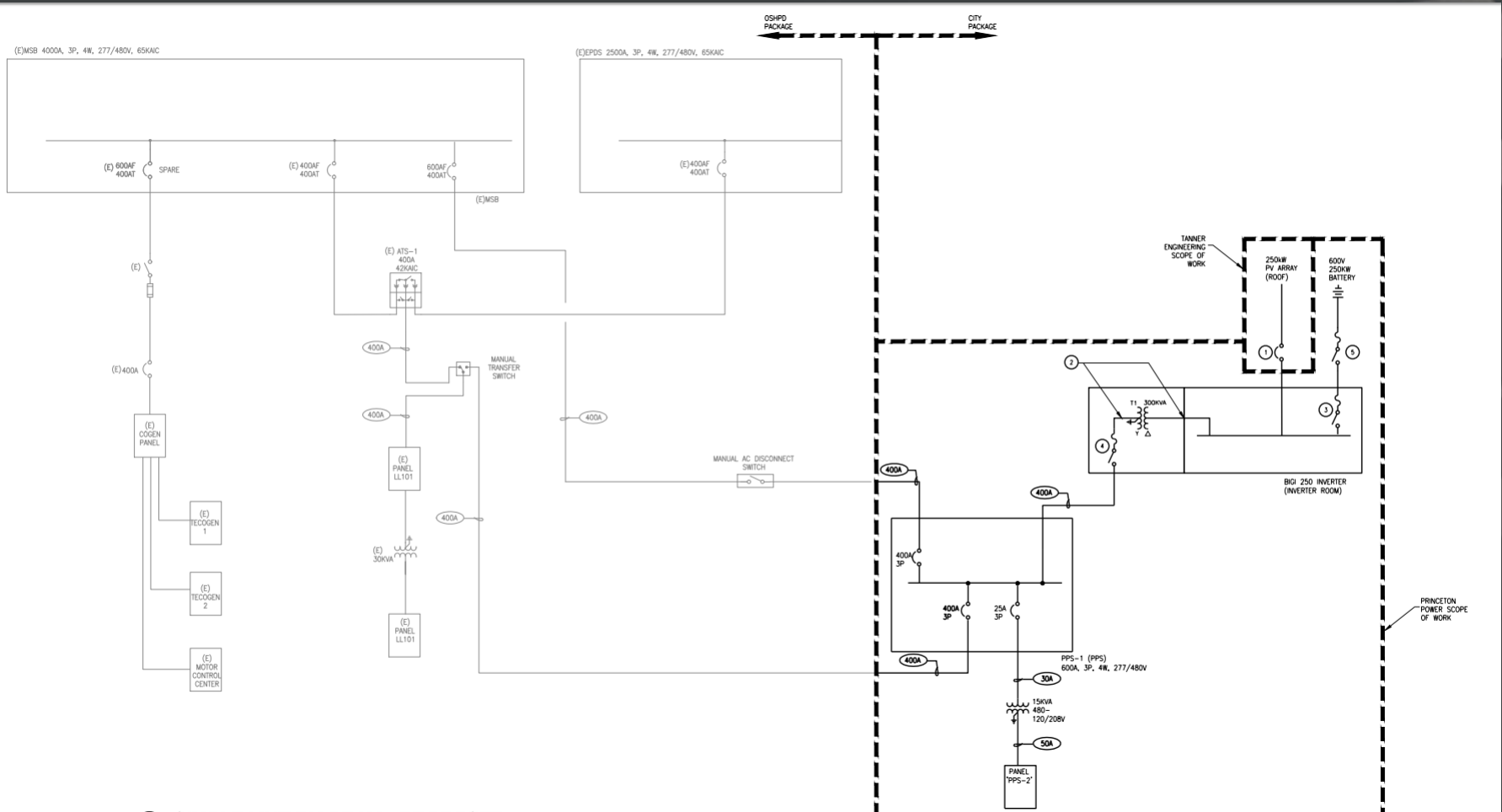
Array	Array Dimension	Module Config.	Total Panels	kWp DC	# of Piers
LB1	62' X 218'	18 X 32	576	250.56	10
LB2	62' X 218'	18 X 20	360	156.60	6
			936	407.16	16

GENERAL NOTES:

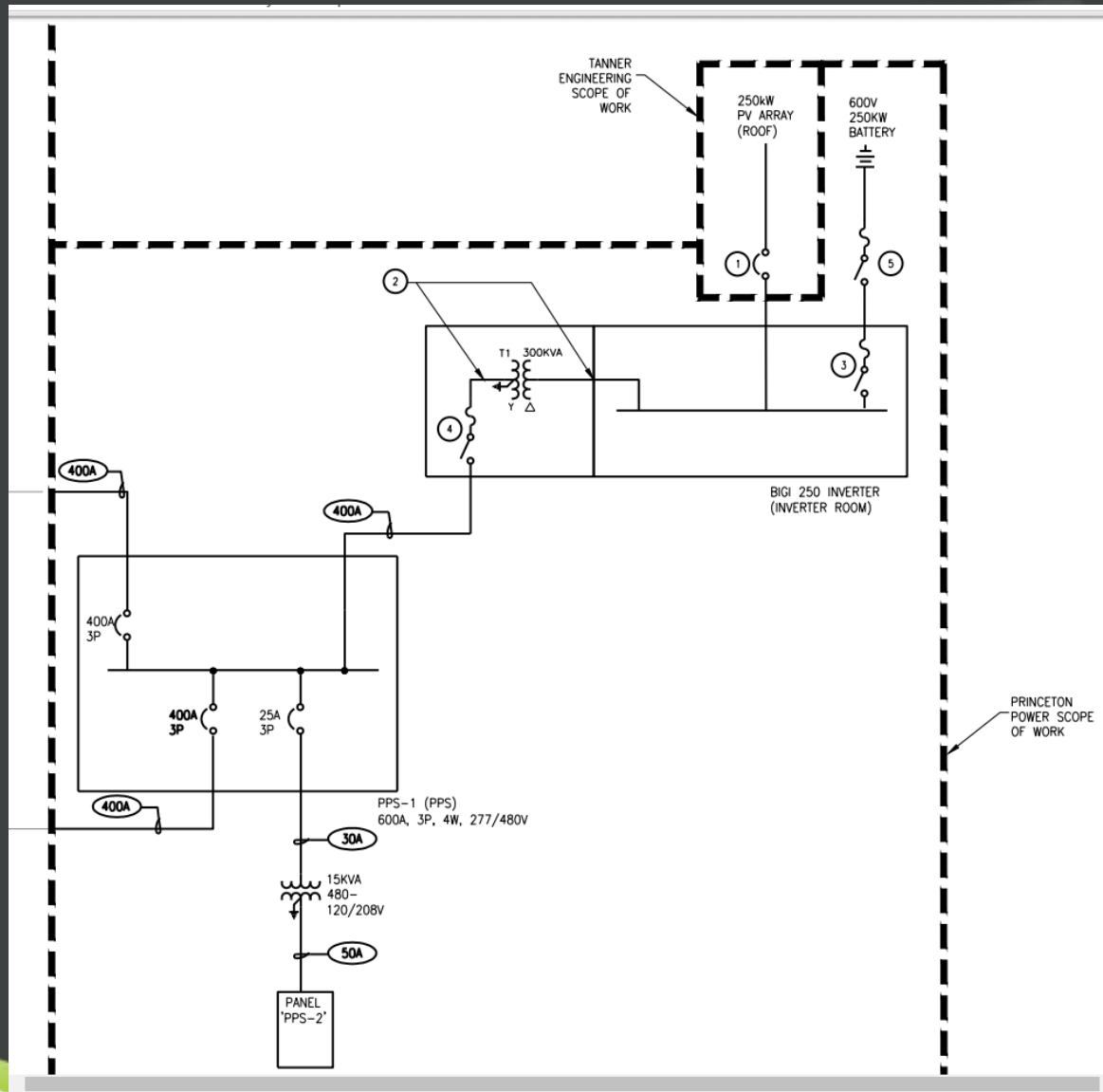
1. Result of easement reports and underground utilities may affect final placement of solar arrays.
2. Conflicting trees and other obstructions will have to be removed, trimmed, or relocated.
3. Detailed analysis of the effect of shade on arrays has not been performed.
4. Soil analysis has not been performed.
5. It is assumed that the site is not in a flood plain.
6. Structural Analysis of the Garage has not been performed.

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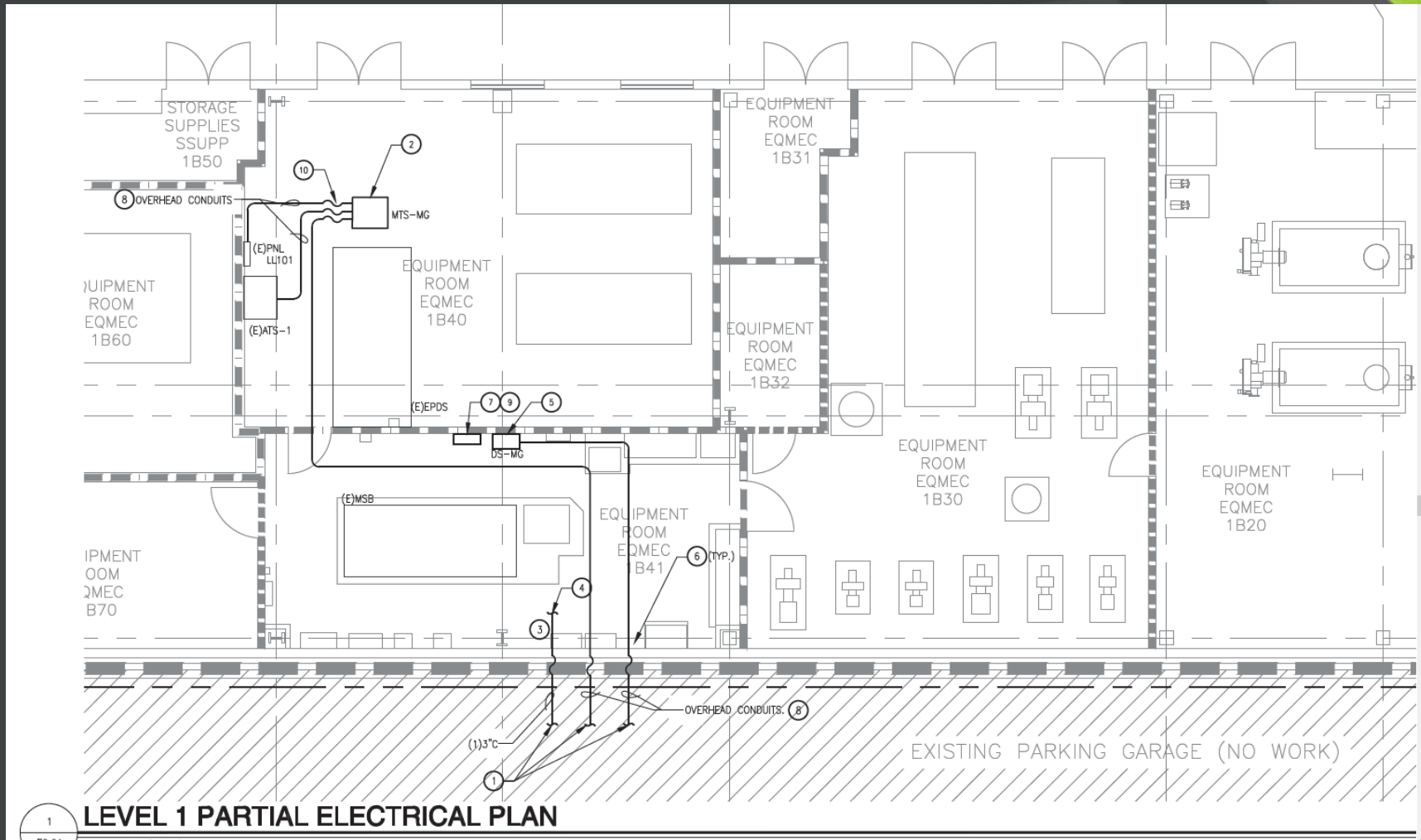
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Intelligent Power. Delivered.



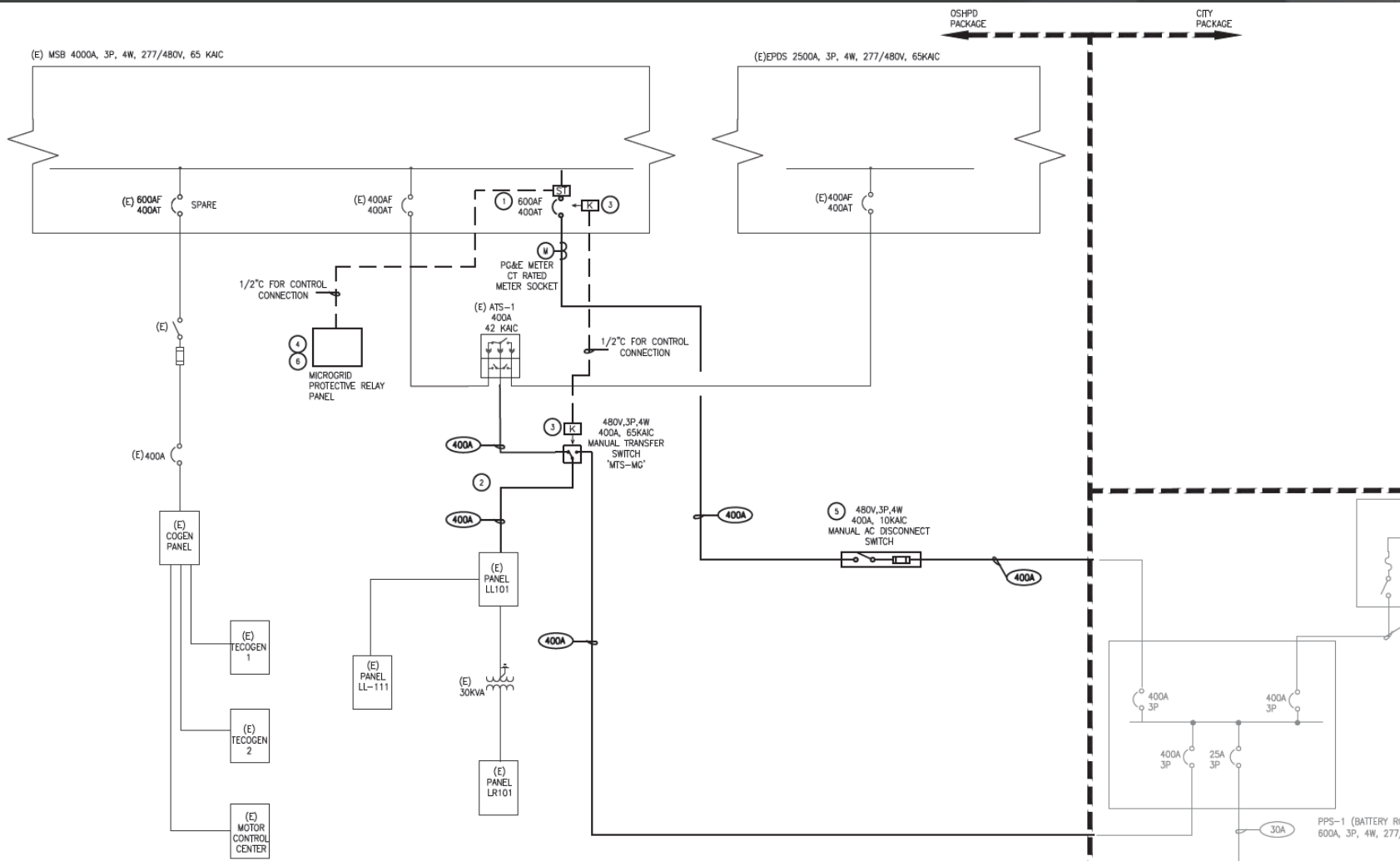
Single Line Diagram Zoom



Electrical Plan View of C.U.P

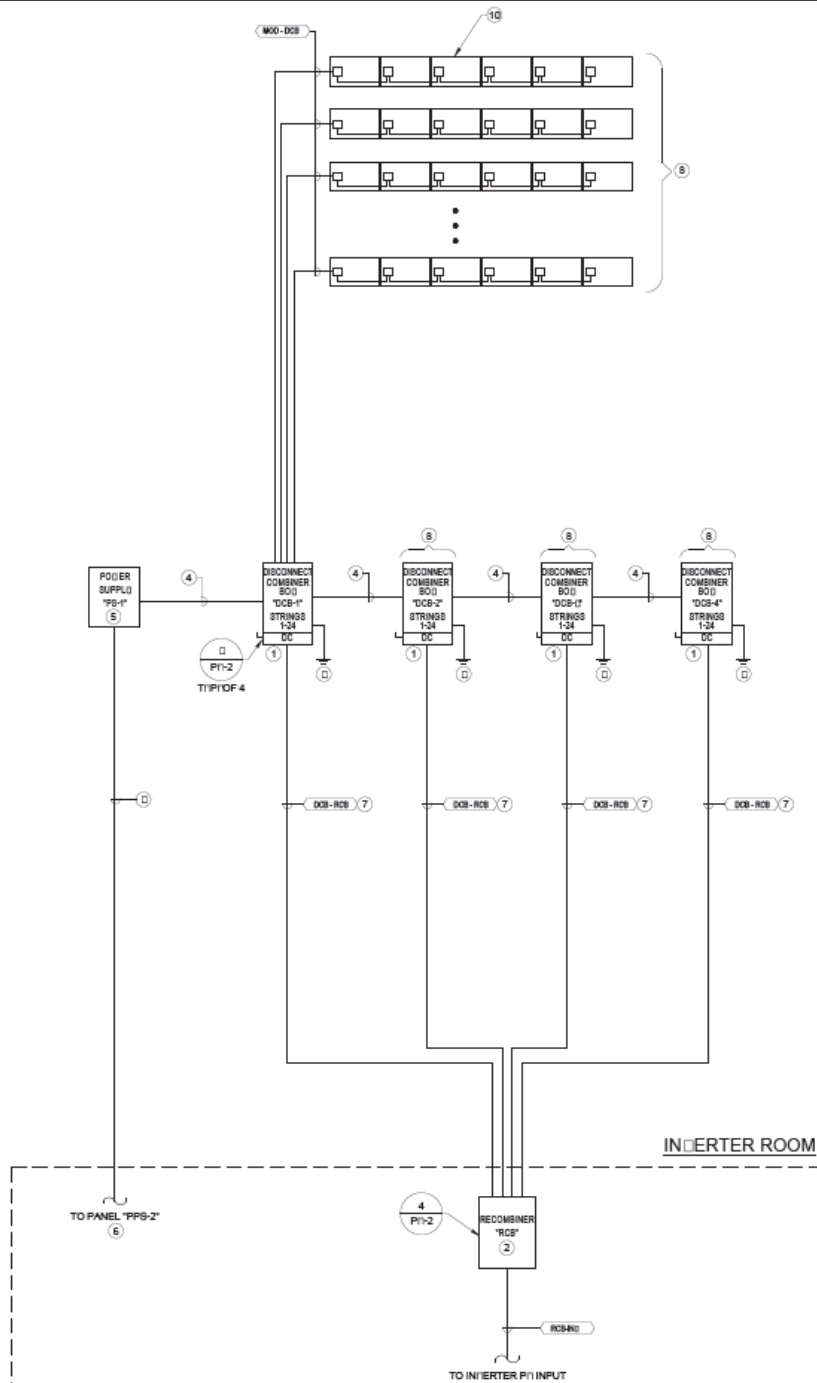


Single Line Diagram inside OSPHD area



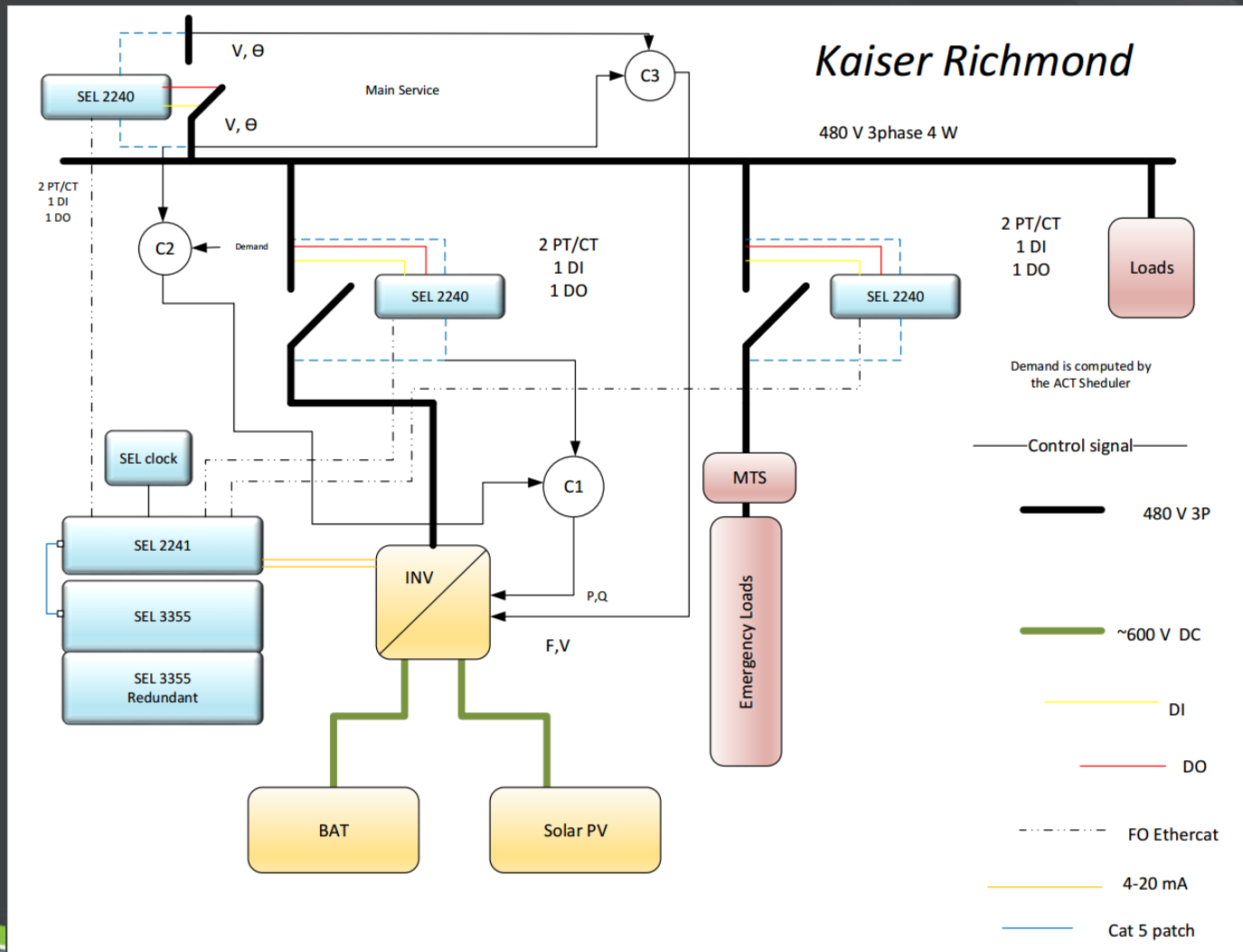
The diagram illustrates the electrical connections for the microgrid protective relay panel. Key components and connections include:

- Top Busbar:** Features a "SPARE" breaker, an "(E) 400AF 400AT" breaker, and a "(E) 400AF 400AT" breaker.
- Microgrid Protective Relay Panel:** A central panel with terminals 4 and 6. It is connected to the "(E) 400AF 400AT" breaker via a "1/2\"C FOR CONTROL CONNECTION".
- PG&E Meter:** A "PG&E METER CT RATED METER SOCKET" is connected to the "(E) 400AF 400AT" breaker and the "(E) 400AF 400AT" breaker.
- ATS-1 Breaker:** An "(E) ATS-1 400A 42 KAIC" breaker is connected to the "(E) 400AF 400AT" breaker and the "(E) 400AF 400AT" breaker.
- Manual Transfer Switch (MTS-MG):** A "480V, 3P, 4W 400A, 65KAIC MANUAL TRANSFER SWITCH 'MTS-MG'" is connected to the "(E) 400AF 400AT" breaker and the "(E) 400AF 400AT" breaker.
- Manual AC Disconnect Switch:** A "480V, 3P, 4W 400A, 10KAIC MANUAL AC DISCONNECT SWITCH" is connected to the "(E) 400AF 400AT" breaker and the "(E) 400AF 400AT" breaker.
- Other Panels:** The "(E) COGEN PANEL" and "(E) TECOGEN 1" are connected to the "(E) 400AF 400AT" breaker. The "(E) PANEL LL101" is connected to the "(E) 400AF 400AT" breaker.
- Wiring:** The diagram shows various wiring paths, including a "1/2\"C FOR CONTROL CONNECTION" and a "400A" line.



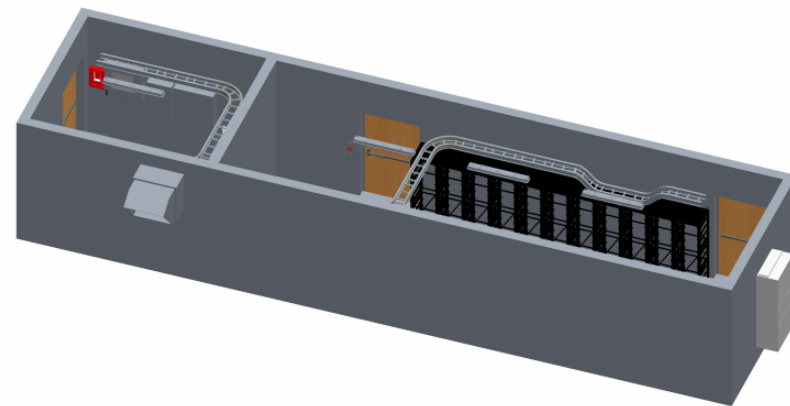
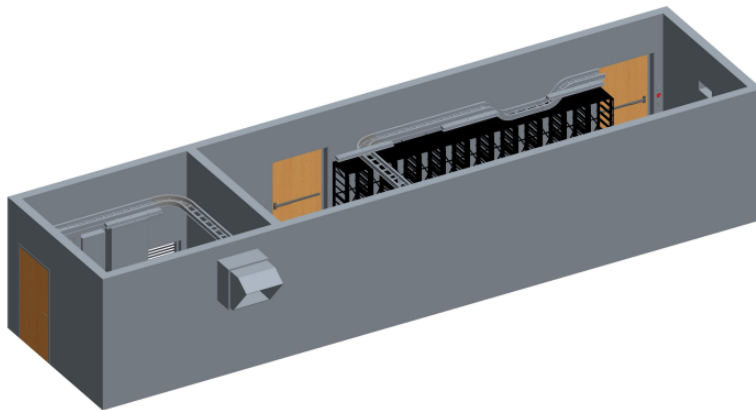
DC Single Line Diagram


Monitoring Diagram



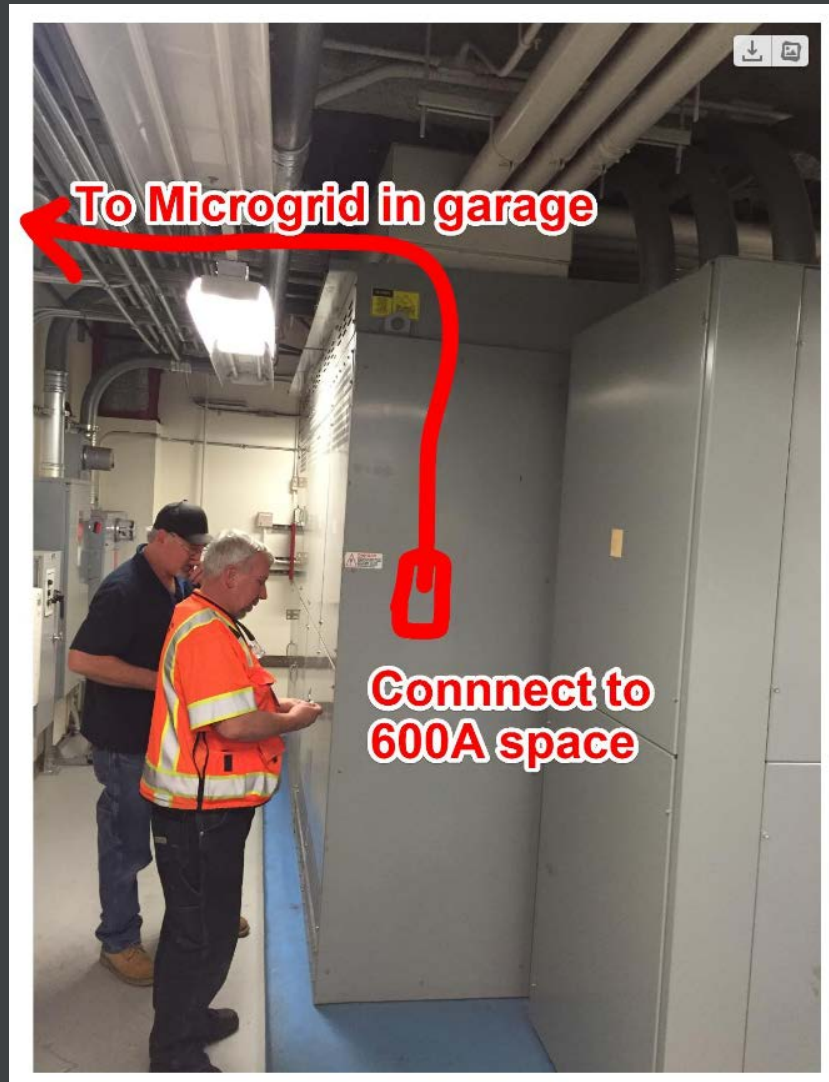
3D image of battery room

REVISION HISTORY				
ZONE	REV	DESCRIPTION	DATE	APPROVED
	0.1	INITIAL RELEASE	05/10/16	AA
	0.2	ADDED CABLE TRAYS AND COMPONENTS	05/13/16	AA
	0.3	MODIFIED VIEWS	06/09/16	AA
	0.4	ADDED FAN SHROUD AND HOOD, CHANGED FAN TO 35 IN., WALL HOLE FOR EXHAUST CHANGED TO 35X35 IN., INTAKE MOVED TO 3 IN. ABOVE GROUND	6/21/16	SB



APPROVALS	INITIAL	DATE	 PRINCETON POWER SYSTEMS <small>3175 Princeton Pike Lawrenceville NJ, 08648 www.princetonpower.com</small> <small>(609) 955-5390 (609) 751-9225</small>	
PREPARED BY	MK	05/10/16		
REVIEWED BY	NB	05/10/16		
APPROVED BY	AA	05/10/16		

Backside of Subpanel inside C.U.P.



Life and Safety Panel



2. Life Safety board LL 101



Main Subpanel Tie-in Point



Special Consideration- Office of Statewide Health Planning and Development

- Governs all hospital design, construction, and operation
- Special emphasis on:
 - Electrical system safety and effectiveness
 - Life and Safety/Critical circuit Primacy
 - Recognize and incorporate involving technologies and create appropriate standards
- *EQUALS: Extra, critical layer of review*

Conclusions

- Hospital microgrid design is challenging
- However, upside value is great
 - Hospitals are disproportionate users of energy
 - Hospitals are under substantial financial strain
 - Hospitals are arguably some of the most critical state facilities
- Proof of concept will yield:
 - Rate payer value from hospital reliability
 - Regional power quality improvement
 - Decreased reliance on fossil fuel and consequent emissions

